MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01635

Reg. Dist. No. 190

1. PLACE OF DEATH:
County: ~~Anne Arundel~~ Howard
City or town: Dorsey
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Dorsey Road, Dorsey, Md.
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Dorsey
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Dorsey Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Elias Buckingham

3.(b) Social Security Number:

4. Sex: Male (MALE)
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Letta A. Buckingham
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): March 2, 1884
8. AGE: Years: 65 | Months: 11 | Days: 2 | If less than one day: ..... hrs. ..... min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Produce Business
11. Industry or business: Own Business
FATHER — 12. Name: Elias Buckingham
FATHER — 13. Birthplace: Unknown
MOTHER — 14. Maiden name: Mary Reckard
MOTHER — 15. Birthplace: Unknown
16. Informant: Mrs. Letta A. Buckingham
Address: Dorsey Rd. Dorsey, Md.
Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7/50 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Rd. Ralto. 29, Md.
18. Funeral director: Harry [illegible]
Address: 4101 Edmondson Ave.
19. 2/6 1950 (Date rec'd by registrar) A. W. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1950, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1950, to Feb 4 1950
and that I last saw him alive on Feb 4 1950

Immediate cause of death	DURATION
Carded Valvular Disease With Hypertension	
Due to	
Due to	
Other conditions	

421.4
93d
(Include pregnancy within 3 months of death)
Major findings of operations: ..... Date of op. .....
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Edmondson Md Date signed: Feb 4 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45 15M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01636

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) Rockburn Hill

3. NAME OF DECEASED (Type or Print) (First) PEARL (Middle) E. (Last) HUMPHRIES
4. DATE OF DEATH (Month) FEB. (Day) 5 (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 4-1-1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John S. Boone
14. MOTHER'S MAIDEN NAME Ann Turnbill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT J.L. Humphries, Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	4 yrs
93d	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha N Herbert M D (Degree or title) ADDRESS Ellicott City Md DATE SIGNED Feb 5, 1950

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 2-8-1950
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore City, Md.
DATE REC'D BY LOCAL REG. February 9, 1950
REGISTRAR'S SIGNATURE Miss E. Bird Williams
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 10 1950
BLM FAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01637

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 200 Hamburg Ave.

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) (Last) Iannello

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 1, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Huhl

14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Mrs. Alice Murphy 1617 Frederick Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cardiac failure	24 hrs.
Antecedent cause(s)	Arteriosclerotic cardio-vascular disease	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with cardiac enlargement and decompensation	2 mos.
	(c) Depression	2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20 1949, to Feb. 3, 1950, that I last saw the deceased alive on Feb. 2, 1950, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE: Irving J. Taylor M.D. (Degree or title) ADDRESS: Pinel Clinic, Ellicott City, Md. DATE SIGNED: Feb. 3, '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/6/50 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: February 4th 1950 — REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

01638

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge, Md
LENGTH OF STAY (In this place) Passing
HOSPITAL OR INSTITUTION OR STREET ADDRESS None (Immediate death)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 604 N. Fremont Ave.

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) (Last) Knuckles

4. DATE OF DEATH (Month) Feb. (Day) 16, (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Oct. 18, 1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jacksonville, Fla.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Bertram Sampson 604 N. Fremont Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Fracture of thoracic vertebrae — Inst

170 c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) — Collision of two vehicles

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of ribs, left femur + humerus. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Elkridge (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) Feb (Day) 16, (Year) 1950 (Hour) 2 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha M Herbert F M D (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 2-16-50

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 19, 1950
NAME OF CEMETERY OR CREMATORY Mt. Calvary
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. February 18th 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Earl Gilmore ADDRESS 519 Mosher St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01639

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6407 old wash Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 6407 old wash Rd

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) T. (Last) Newman

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 13 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: R. R.

11. BIRTHPLACE (State or foreign country): Spartanburg, S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Newman

14. MOTHER'S MAIDEN NAME: Jane Frances Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: 705-05-7462

17. INFORMANT: Mrs Newman.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) acute coronary occlusion	1 da
Antecedent cause(s)	(b) Myocarditis	6 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) decompensation	1 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Feb 23, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 9.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh ADDRESS 360 main St Elkridge DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/27/50	Mt. Olivet Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/50	A. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

49647

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01640

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4003 Queensbury Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) CLIFTON (Last) PAYNE

4. DATE OF DEATH: (Month) Feb. (Day) 11th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2/1888

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Payne

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Elizabeth A. Payne (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Brookville (COUNTY) Howard (STATE) Md

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha M Herbert M D — ADDRESS Ellicott City Md — DATE SIGNED 2-11-50

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb. 14/50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor, PR.Geo.Md.

DATE REC'D BY LOCAL REG. 2/16/50 — REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company Riverdale, Md.

49644

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FEB 20 1950
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01641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WEST FRIENDSHIP
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Robert F Pipes

4. DATE OF DEATH (Month) (Day) (Year): 2-27-50 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1-1-1892
9. AGE last birthday: 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Construction Work
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J.H.Pipes
14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW 1
16. SOCIAL SECURITY No.: 240-16-8817
17. INFORMANT: Ollie Pipes, West Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	1 hour
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Feb., 1950, that I last saw the deceased alive on Feb. 27, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William F. Tassaway MD
ADDRESS: Ellicott City, Md.
DATE SIGNED: 2/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3-2-50
NAME OF CEMETERY OR CREMATORY: Thomas Cemetery
LOCATION (City, town, or county) (State): Marion, Va.

DATE REC'D BY LOCAL REG.: Feb 25-50
REGISTRAR'S SIGNATURE: Alice W. Hebb
24. FUNERAL DIRECTOR: F.C.Higinbothom, Ellicott City, Md.
ADDRESS

602V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01642

CERTIFICATE OF DEATH

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Friendship | LENGTH OF STAY (in this place) 30
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Friendship
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Orman (Last) Ridgely
4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-4-1869
9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Ridgely
14. MOTHER'S MAIDEN NAME: Rachel Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Howard Orman Ridgely, 2128 Hollins St Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure	1 wk
422.2 Antecedent cause(s)		
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1950, to Feb. 21, 1950, that I last saw the deceased alive on Feb. 21, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzen | (Degree or title) M.D. | ADDRESS Sykesville, Md. | DATE SIGNED Feb. 21-50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2-24-50 | NAME OF CEMETERY OR CREMATORY Mt. Kendree | LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. Feb-25-50 | REGISTRAR'S SIGNATURE Alice W. Hebb

24. FUNERAL DIRECTOR C. H. Klee | ADDRESS Sykesville, Md.

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RECEIVED
FEB 27 1950
BUREAU V. S.

01643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5504 Race Road	STREET ADDRESS (If rural, give location) 5504 Race Rd.

3. NAME OF DECEASED (Type or Print) (First) Wilbur (Middle) Bernard (Last) Taylor

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1950

5. SEX male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept 6 1905

9. AGE last birthday 44 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Various

11. BIRTHPLACE (State or foreign country) Elkridge Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Milton Taylor

14. MOTHER'S MAIDEN NAME Nannie Byrd Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY No. 218-16-1489

17. INFORMANT Clementine Taylor, (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
150x	Immediate cause	(a) Carcinoma of Esophagus	Sept 49
	Antecedent cause(s)	(b) c̄ General Carcinomatosis	4 mo
46a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Myocardial Cliff	1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov 21/49

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus c̄ Metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Feb 3, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 6:04 a.m., from the causes and on the date stated above.

SIGNATURE Dr B B Brumbaugh (Degree or title) ADDRESS 5609 Main St Elkridge 27 Md DATE SIGNED 2/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Feb. 5, 1950 — NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park — LOCATION (City, town, or county) Baltimore Co. Md. (State)

DATE REC'D BY LOCAL REG. February 5, 1950 — REGISTRAR'S SIGNATURE Miss E. Bird Williams

24. FUNERAL DIRECTOR Holland Funeral Home — ADDRESS 1631 Druid Hill Ave. 98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01644

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville | LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK. (Middle) H. (Last) WALTER.

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 31, 1865

9. AGE last birthday: 84 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Horse shoeing

11. BIRTHPLACE (State or foreign country): Baltimore County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Walter

14. MOTHER'S MAIDEN NAME: Virginia Brainard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Lee Hall Clarksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 wk.
446 Antecedent cause(s)	(b) Chronic glomerulonephritis	3 yrs
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis generalized.	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 49, to 2/23, 19 50, that I last saw the deceased alive on 2/23, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Thigpen (Degree or title) M.D. ADDRESS Sandy Spring, Md. DATE SIGNED 2/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 2/26/50 | NAME OF CEMETERY OR CREMATORY St. Paul's Ch. Cem. | LOCATION (City, town, or county) Fulton, Md. (State)

DATE REC'D BY LOCAL REG. 2/25/50 | REGISTRAR'S SIGNATURE Marie Whitaker, per J.S.S.

24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel Md.

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RECEIVED
SEP 1 1950
BEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01645

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville (Rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1637 Gales St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Stephen Allen (Middle) West (Last)

4. DATE OF DEATH: (Month) 2-4-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-4-1949

9. AGE last birthday: yrs. If under 1 year: Months 8 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar West

14. MOTHER'S MAIDEN NAME: Eula Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Oscar West, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) marasmus	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hydrocephalus & spina bifida	8 months
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1950, to 2/4, 1950, that I last saw the deceased alive on 2/3 1950, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D.
ADDRESS: Charles S. Whitaker, M.D. Clarksville, Md.
DATE SIGNED: 2/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2-4-50
NAME OF CEMETERY OR CREMATORY: Western Star
LOCATION (City, town, or county) (State): Catonsville, Md

DATE REC'D BY LOCAL REG.: 2-5-50
REGISTRAR'S SIGNATURE: Marie A. Whitaker
24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City Md
ADDRESS:

VS. A15

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FEB 8 1950
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